

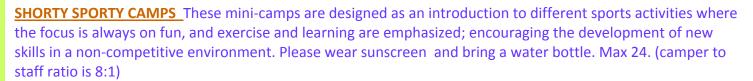






Summer Camps for 4-6 year olds

ALL CAMPS ARE LED BY OUR FANTASTIC WEST LINN PARKS AND RECREATION SUMMER STAFF!



	FEE: IC \$44	I / OC \$49 All Camps	Mon-Fri 9:	30 am–12 pn
Course #	<u>Dates</u>	<u>Activity</u>	<u>Location</u>	
6418.301	July 1-3 (IC \$26/OC\$31)	Multi-Sport	Sunset Park	
6419.301	July 8-12	Soccer	Marylhurst Heig	hts Park
6420.301	July 15-19	Baseball/Softball	Robinwood Parl	k
6421.301	July 22-26	Soccer	Tanner Creek Pa	ark
6422.301	July 29-Aug. 2	Multi Sport	Sunset Park	
6423.301	Aug. 5-9	Soccer	Marylhurst Heig	hts Park
6424.301	Aug. 12-16	Multi Sport	Robinwood Parl	k
6425.301	Aug. 19-23	Soccer	Tanner Creek Pa	ark

MINI CAMPERS This "mini" version of Fun in the Sun Camp is offered Monday through Friday, half-days, and is based on the traditional day camp model where youngsters play and interact outdoors with other children their age. Our activities are designed to enhance the physical, social, and, emotional well being of the child. Activities are related to a weekly theme and include: basic sports, games, arts & crafts, stories and special visitors. The drop- off and pick-up location will be at the picnic shelter. Please wear sunscreen and bring a

12:45-3:15 pm

Location

	FEE: IC \$4	4 / OC \$49 All Camps Mon-Fri
Course #	<u>Dates</u>	<u>Theme</u>
6425.301	July 1-3 (IC \$26/OC\$31)	Red White and Blue
6426.301	July 8-12	Dig It! Garden Fun
6427.301	July 15-19	Superheroes!
6428.301	July 22-26	Knights & Princesses
6429.301	July 29-Aug. 2	Bugs, Butterflies & Bees

6425.301	July 1-3 (IC \$26/OC\$31)	Red White and Blue	Sunset Park
6426.301	July 8-12	Dig It! Garden Fun	Marylhurst Heights Park
6427.301	July 15-19	Superheroes!	Robinwood Park
6428.301	July 22-26	Knights & Princesses	Tanner Creek Park
6429.301	July 29-Aug. 2	Bugs, Butterflies & Bees	Sunset Park
6430.301	Aug. 5-9	Dinosaur Days	Marylhurst Heights Park
6431.301	Aug. 12-16	Science Exploration	Robinwood Park
6432.301	Aug. 19-23	Carnival & Circus	Tanner Creek Park



The West Linn-Wilsonville School District does not sponsor or endorse the activity and/or information in this flyer.













ACTIVITY REGISTRATION FORM CITY OF WEST LINN REGISTER ONLINE AT www.westlinnparksandrec.com

Signature (Parent or guardian) Registered in	WAIVER In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have emolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the City, its Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions. **I have read the above waiver and understand the contents**	503.656.4106 Fax Cardholder Signature Office Use Only: Approval Code	West Linn, Oregon 97068 Carholder Name		Make Check to: City of West Linn Visa Mastercard \$1	Recreation Scholarship Fund: YES, I would like to contribute \$1.00 \$2.00 \$5.00, or other \$ to the Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation programs in our City who otherwise may not be able to participate. Please include this with your payment. Thank you for your donation,	CITY OF WEST LINN RESIDENT? YES NO CLASS# ACTIVITY TITLE START DATE/TIME	IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO PARTICIPATE, PLEASE EXPLAIN HERE	ANY MEDICAL CONDITION, ETC.	EMERGENCY CONTACT PHONE	PHONE NUMBERE-MAIL	ADDRESS CITY	PARENT/GUARDIAN NAMEDOBSC	PARTICIPANT NAME M or F DOB
For Staff use only Registered in RecNet by on	towledge that I understand that there are risks of accidents ctivities are planned with the safety of the participants in ge in Recreation activity for which I have enrolled. In case cal person and admitted to a hospital if necessary. I agree nderstood and agreed that the City, its Mayor, City Counages, loss or expenses including attorney's fees arising be used for future promotions.	ıl Code		Exp. Date	\$ Amount to charge	TOTAL Amount Due \$ \$1.00 \$2.00 \$5.00, or other \$ to the lest Linn to attend recreation programs in our City is with your payment. Thank you for your donation.	Ð	N IN ORDER TO		ONE		ZIP	SCHOOL	DOB GRADE

Registered in RecNet by

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